

N. B.—Every item of information should be carefully supplied. AOS should be stated exactly as shown on the original document. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 19 1937

38192

1. PLACE OF DEATH

County *James*  
Township *Johnson*  
City *Johnson* (No. *1*)

Registration District No. *546*  
Primary Registration District No. *5735*

File No. *38192*  
Registered No. *38192*  
St. *Johnson* Ward *1*

2. FULL NAME

*Robert R. James*

(a) Residence, No. *1* St. *Johnson* Ward *1*  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

*Male*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*4-18-1886*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*81*

*5*

*28*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

*1934*

11. Total time (years) spent in this occupation

*50 7/2*

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Wichita Mo*

13. NAME

*Geo James*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Peoria Ill*

MOTHER

15. MAIDEN NAME

*Don't Know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*11*

17. INFORMANT (ADDRESS)

*Polay A. James 3840 Campbell St Kansas City Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Waller, can* DATE *Oct 18 1937*

19. UNDERTAKER (ADDRESS)

*W. R. Krichler 1st James Mo*

20. FILED *Oct 18- 1937, Sign a Warner* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*10-16 1937*

22. I HEREBY CERTIFY, That I attended deceased from

*4-10 1937, to 10-16 1937*

I last saw him alive on *10-10 1937* Death is said

to have occurred on the date stated above, at *10:30 a.m.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Failure 4/10/37*

Other contributory causes of importance:

*sterility*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No*

(Signed) *Wm. M. Cunningham M. D.*

(Address) *Polay, Corp.*

